

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

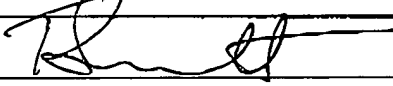
Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/986,892	
	Filing Date	November 13, 2001	
	First Name of Inventor	S. Samuel DeAth	
	Group Art Unit	1654	
	Examiner Name	Flood, Michele C.	
Total Number of Pages in This Submission	5	Attorney Docket Number	7043-15

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Timothy J. Sinnott, Registration No. 31,083
Signature	
Date	June 23, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 			
Typed or printed name			
Signature		Date	

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Application No. 09/986,892

Amdt. Dated June 23, 2003

Reply to Office Action of March 24, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : S. Samuel DeAth, Joy DeAth
Appl. No : 09/986,892
Filed : November 13, 2001
Title : ANTIMICROBIAL COMPOSITION FORMULATED
WITH ESSENTIAL OILS

Grp./A.U. : 1654
Examiner : FLOOD, Michele C.

Docket No. : 7043-15

Date: June 23, 2003

5/B
M.G.J
7/12/03

Honorable Commissioner of Patents
Washington, D.C
20231

AMENDMENT

Dear Sir:

In response to the Office Action dated 24 March, 2003, please amend this application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.